Procedures for Submitting the *Request for New Entry, Merge or Modification of Other Party Information (OTHP)*

The Michigan Office of Child Support (OCS) Central Operations processes maintenance requests for the OTHP screen on the Michigan Child Support Enforcement System (MiCSES). Requests for entry, merge or modification of OTHP records (OTHP IDs) require the completion of the *Request for New Entry, Merge or Modification of Other Party Information (OTHP)* (DHS-2011) form.

OCS staff created the DHS-2011 form and procedures to assist IV-D staff in submitting requests for the entry, merge or modification of OTHP records. There are over 30 types of OTHP records within MiCSES. While the DHS-2011 was formatted to include necessary information for Employer (E-type) and Insurers (I-type) OTHP records, it may be used for any OTHP types.[1]

IV-D workers must submit only one issue (new entry, merge or modification) per request.

OCS Central Operations staff will review all submitted DHS-2011 forms for complete and verified information. All requests must be verified by the IV-D worker prior to their submission. IV-D workers must verify all information listed on the DHS-2011 by contacting the source of the OTHP record (e.g., employer, insurance carrier, etc.). OCS Central Operations staff may return incomplete or unverified DHS-2011 forms to requesters.[2]

This document contains instructions for completing the DHS-2011 form. Requesters will complete the fields as they apply to the type of action being requested.

Page 13 of this document contains an example of the DHS-2011 with the instruction numbers listed.

Note: On the electronic version of the DHS-2011, the text boxes allow only a limited number of characters to be entered. To allow more characters to appear on the line, IV-D workers should use lowercase letters when appropriate. Any characters or words that do not appear on the line will not be considered when processing the DHS-2011.

The following information in fields 1a – 1h (section 1) refers to the identification of the requester. All information must be completed in order to process the form. Field 1i is optional, although OCS Central Operations staff might be able to use

---

[1] Ref: Section 3.16, "Other Parties," of the *Michigan IV-D Child Support Manual* for more information.

[2] If a IV-D worker is unable to obtain verification from the source of the OTHP record, (s)he must record information about the attempt in the *Additional information* (field 2o) of the request as well as explain why the verification was not obtained. OCS Central Operations staff will try to obtain verification on behalf of the requester on a case-by-case situation upon the request of the Friend of the Court (FOC), but OCS Central Operations staff may not complete work within the targeted time frames.

3.16E1 (Rev. 05/16)

the IV-D case and member information to obtain missing or additional information for the OTHP ID.

1a.   *Date of Request.* Date the request was submitted.

1b.   *Requester Name.* Name of the person completing the request form.

1c.   *Phone Number.* Direct telephone number of the person completing the request form, including area code (999-999-9999) and extension when necessary.

1d.   *Email Address.* Email address of the requester.

1e.   *Date of Resubmission.* Date the request was resubmitted.

1f.   *County.* County in which the requester works.

1g.   *Organization Affiliation.* Organization name (FOC, Prosecuting Attorney [PA], Michigan State Disbursement Unit [MiSDU], OCS).

1h.   *Mode of Response.* Check the box beside *Phone* or *Email* to indicate whether the requester would like to be contacted by phone or email.

1i.   *IV-D Case No.(s).* The IV-D case number(s) related to the OTHP request.

The following information refers to the remaining form sections and the type of action requested.

2.   ***NEW ENTRY*** *of an OTHP ID.* Check the box and complete section 2 when the action requested is to add a new OTHP entry.

3.   ***MODIFICATION*** *of an OTHP ID.* Check the box and complete section 3 when the action requested is to modify an existing OTHP entry.

4.   ***MERGE*** *of Multiple Existing OTHP IDs Into One Primary OTHP ID.* Check the box and complete section 4 when the action requested is to merge multiple existing OTHP IDs into one existing OTHP ID.

5.   Section 5 is required and must be completed by the submitter.

6.   Section 6 must be completed by OCS Central Operations staff.

7.   ***NEW ENTRY*** *– **Source of Income (SOI) Address – Payroll (P) Type** for Income Withholding Notices.* Check the box and complete section 7 when the action requested is to add a new OTHP entry with a Payroll (P) Type SOI address that is different than the default address.

8. ***NEW ENTRY – SOI Address – Insurance (I) Type*** *for National Medical Support Notices.* Check the box and complete section 8 when the action requested is to add a new OTHP entry with an Insurance (I) Type SOI address that is different than the default address.

9. ***MODIFICATION – SOI Address – Payroll (P) Type*** *for Income Withholding Notices.* Check the box and complete section 9 when the action requested is to modify an OTHP record's Payroll (P) Type SOI address that is different than the default address.

10. ***MODIFICATION – SOI Address – Insurance (I) Type*** *for National Medical Support Notices.* Check the box and complete section 10 when the action requested is to modify an OTHP record's Insurance (I) Type SOI address that is different than the default address.

Section 2. The following information in section 2 refers to a *New Entry* request. Fields 2a – 2o must be completed in order to process a request, unless otherwise noted.

2a. *OTHP Type.* Type of OTHP ID.

2b. *Type of OTHP Address.* The address listed on the OTHP screen is the "default" address. The default address for an Insurers (I-type) OTHP record is the claims address. The default address for Employer (E-type) OTHP records should correspond with the employer's/SOI's new hire reporting address. If the SOI uses an address(es) different than the default address for receiving income withholding notices, and/or receiving National Medical Support Notices and more than one SOI address type needs to be entered, complete sections 7 and/or 8 (second page) to identify the Payroll (P) Type and/or Insurance (I) Type SOI addresses.

2c. *OTHP Name.* Name of the OTHP ID.

2d. *OTHP Address.* Address of the OTHP ID. A U.S. address must include street address, city, state and ZIP code.

2e. *OTHP FEIN.* Federal Employer Identification Number (FEIN) of the OTHP ID (required for only Employer [E-type] and Insurers [I-type] OTHP requests). If the employer/SOI will not identify their FEIN and the FEIN cannot be found through other sources, IV-D staff must note under *Additional Information* (2o.) the employer's/SOI's refusal and the other sources used.

2f. *OTHP Contact Name.* Name of the individual to contact at the entity belonging to the OTHP ID (required for only Employer [E-type] and Insurers [I-type] OTHP requests).

3.16E1 (Rev. 05/16)

2g.   *OTHP Phone.* Telephone number of the OTHP ID, including area code (999-999-9999) and extension (if applicable).

2h.   *OTHP Fax.* Fax number of the OTHP ID (if available), including area code (999-999-9999).

2i.   OTHP Email. Email address of the OTHP entity for contact purposes (if available).

2j.   *OTHP Web Address.* Web address of the OTHP entity (if available).

2k.   *OTHP Coverage Types.* The coverage type for an insurer may include, but is not limited to, preferred provider organization (PPO), health maintenance organization (HMO), point of service (POS) plan, dental, vision, or a combination as designated by the insurer. This field is only required for Insurers (I-type) OTHP records.

2l.   *Attorney Bar Number.* Bar number for an attorney. This field is required for only Attorney (A-type) OTHP records.

2m.   *Does the employer offer insurance*? Indicate if an employer offers an insurance plan to employees, if known. This applies only to Employer (E-type) OTHP records.

2n.   *Does the employer have a third-party payroll service*? Indicate if an employer operates with a third-party payroll service, if known. This applies only to Employer (E-type) OTHP records.

2o.   *Additional information.* Additional information regarding the new entry of the OTHP ID when appropriate.

Section 3. The following information in section 3 refers to a *Modification* request. Fields 3a – 3c must be completed. Fields 3d – 3k also must be completed if the information currently exists in MiCSES for the OTHP ID to be modified. Complete the fields requiring changes in 3l – 3r to process a *Modification* request. Fields 3s – 3u may be completed when necessary.

3a.   *OTHP ID # to Modify.* OTHP ID of the record to be modified.

3b.   *OTHP Type.* Type of the OTHP ID.

3c.   *OTHP FEIN.* FEIN of the OTHP ID.[3]

3d.   *Type of OTHP Address.* The address listed on the OTHP screen is the "default" address. The default address for an Insurers (I-type) OTHP record is the claims address. The default address for Employer (E-type) OTHP records should correspond with the employer's/SOI's new hire reporting address. If the SOI uses an address(es) different than the default address for receiving income withholding notices and/or receiving National Medical Support Notices and more than one SOI address type needs to be entered, complete sections 9 and/or 10 (second page) to identify modifications for the Payroll (P) Type and/or Insurance (I) Type SOI addresses.

3e.   *OTHP Name.* Name of the OTHP ID.

3f.   *OTHP Address.* Address of the OTHP ID. A U.S. address must include street address, city, state and ZIP code.

3g.   *OTHP Contact Name.* Name of the individual to contact at the OTHP entity.

3h.   *OTHP Phone.* Telephone number of the OTHP ID, including area code (999-999-9999) and extension (if applicable).

3i.   *OTHP Fax.* Fax number of the OTHP ID, including area code (999-999-9999).

3j.   *OTHP Email.* Email address of the OTHP entity for contact purposes (if available).

3k.   *OTHP Web Address.* Web address of the OTHP entity (if available).

3l.   *OTHP Name.* Modified name of the OTHP ID.

3m.   *OTHP Address.* Modified address of the OTHP ID. A U.S. address must include street address, city, state and ZIP code.

3n.   *OTHP Contact Name.* Modified name of the individual to contact for the OTHP ID.

3o.   *OTHP Phone.* Modified telephone number of the OTHP ID, including area code (999-999-9999) and extension (if applicable).

---

[3] If the FEIN on the OTHP ID is incorrect on MiCSES, IV-D workers must provide information regarding this incorrect information in field 3u. IV-D workers must also provide the correct FEIN to use in field 3u. If the employer/SOI will not identify their FEIN and the FEIN cannot be found through other sources, IV-D staff must note under *Additional Information* (3u.) the employer's/SOI's refusal and the other sources used.

3.16E1 (Rev. 05/16)

3p.   *OTHP Fax.* Modified fax number of the OTHP ID, including area code (999-999-9999).

3q.   *OTHP Email.* Modified email address of the OTHP entity for contact purposes.

3r.   *OTHP Web Address.* Modified web address of the OTHP entity.

3s.   *Does the employer offer insurance*? Indicate if an employer offers an insurance plan to employees. This applies only to Employer (E-type) OTHP records.

3t.   *Does the employer have a third-party payroll service*? Indicate if an employer operates with a third-party payroll service. This applies only to Employer (E-type) OTHP records.

3u.   *Additional information.* Additional information regarding the modification of the OTHP ID when appropriate.

Section 4. The following information in section 4 refers to a *Merge* request. Fields 4a – 4i must be completed if the information currently exists in MiCSES for the OTHP ID to retain, unless otherwise noted. Field 4j must have at least one OTHP ID entered to process a *Merge* request.

4a.   *OTHP ID # to Retain.* The number of the OTHP ID to retain.

4b.   *OTHP Type.* Type of the OTHP ID to retain.[4]

4c.   *Type of OTHP Address.* The address listed on the OTHP screen is the "default" address. The default address for an Insurers (I-type) OTHP record is the claims address.

4d.   *OTHP Name.* Name of the OTHP ID to retain.

4e.   *OTHP Address.* Address of the OTHP ID to retain. A U.S. address must include street address, city, state and ZIP code.

4f.   *OTHP FEIN.* FEIN of the OTHP ID to retain.

4g.   *OTHP Contact Name.* Name of the individual to contact at the entity belonging to the OTHP ID to retain.

4h.   *OTHP Phone.* Telephone number of the OTHP ID to retain, including area code (999-999-9999) and extension (if applicable).

---

[4] Current MiCSES functionality allows only Employer (E-type), Military (M-type), Unemployment Agency (X-type), Insurers (I-type), Workers' Compensation (W-type) and Pension Plan (G-type) merges. MiCSES restricts all merges to the same OTHP type format. For example, MiCSES will allow X-type merges, but only to other X-type records.

3.16E1 (Rev. 05/16)

4i.   *OTHP Fax.* Fax number of the OTHP ID to retain, including area code (999-999-9999).

4j.   *OTHP IDs to Merge.* List the OTHP ID records that will be merged into the OTHP ID that must be retained.

4k.   *Additional information.* Additional information regarding the merge of the OTHP IDs when appropriate.

Section 5. The following information in section 5 refers to the verification of the information provided in the request. Fields 5a – 5e must be completed in order to process the request, unless otherwise noted.[5]

5a.   *Contact person at OTHP who verified.* Name of the person who verified the information on behalf of the entity for which the OTHP record is being entered or modified. This contact person does not have to be the same as the contact person listed in the other sections.

5b.   *Contact's Phone.* Telephone number for the person at the entity belonging to the OTHP record who verified the OTHP ID information, including area code (999-999-9999) and extension (if applicable).

5c.   *Contact's Fax.* Fax number for the person at the entity belonging to the OTHP record who verified the OTHP ID information (if available), including area code (999-999-9999).

5d.   *Date of Verification.* Date the contact person at the entity belonging to the OTHP record verified the OTHP ID information.

5e.   *Additional information.* Any additional information regarding the verification of the OTHP information. If the OTHP record was not verified by someone at the entity for which the OTHP record is being entered or modified, the IV-D worker must explain why the OTHP record has not been verified.

Section 6. The following information in section 6 regarding the status of the request is completed by OCS Central Operations staff.

6a.   *Rejected or Completed.* Check the appropriate box to indicate the status of the request.

6b.   *Date.* The date the request was completed or rejected.

---

[5] This section must not contain name and/or contact information pertaining to the IV-D worker submitting the DHS-2011.

3.16E1 (Rev. 05/16)

6c.   *Name*. The name of the OCS Central Operations staff member who completed or rejected the request.

6d.   *Comments*. Additional information regarding the status of the request when appropriate.

Section 7. The following information in section 7 refers to a *New Entry* request for entry of a Payroll (P) Type SOI address at which the entity receives income withholding notices.

7a.   *OTHP Address*. The address at which the SOI receives income withholding notices, if different than the default/new hire address.

7b.   *OTHP AKA*. The alternate or "also known as" name of the entity receiving income withholding notices.

7c.   *OTHP ATTN*. The attention line for the Payroll (P) Type SOI address.

7d.   *OTHP Contact Name*. The name of the contact person associated with the entity receiving income withholding notices.

7e.   *OTHP Phone*. The phone number of the contact person associated with the entity receiving income withholding notices.

7f.   *OTHP Fax*. The fax number associated with the entity receiving income withholding notices.

7g.   *OTHP Email*. The email address associated with the contact person or entity receiving income withholding notices.

7h.   *Additional information*. Additional information regarding the entity receiving income withholding notices.

Section 8. The following information in section 8 refers to a *New Entry* request for entry of an Insurance (I) Type SOI address at which the entity receives National Medical Support Notices (NMSNs).

8a.   *OTHP Address*. The address at which the SOI receives NMSNs, if different than the default/new hire address.

8b.   *OTHP AKA*. The alternate or "also known as" name of the entity receiving NMSNs.

8c.   *OTHP ATTN*. The attention line for the Insurance (I) Type SOI address.

8d. *OTHP Contact Name*. The name of the contact person associated with the entity receiving NMSNs.

8e. *OTHP Phone*. The phone number of the contact person associated with the entity receiving NMSNs.

8f. *OTHP Fax*. The fax number associated with the entity receiving NMSNs.

8g. *OTHP Email*. The email address associated with the contact person or entity receiving NMSNs.

8h. *Additional information*. Additional information regarding the entity receiving NMSNs.

Section 9. The following information in section 9 refers to a *Modification* request for modification of the Payroll (P) Type SOI address at which the entity receives income withholding notices. Fields 9a – 9g must be completed if the information currently exists in MiCSES for the OTHP ID to be modified. Complete the fields requiring changes in 9h – 9n to process a *Modification* request. Field 9o may be completed when necessary.

9a. *OTHP Address*. Address at which the SOI receives income withholding notices. A U.S. address must include street address, city, state and ZIP code.

9b. *OTHP AKA*. The alternate or "also known as" name of the entity receiving income withholding notices.

9c. *OTHP ATTN*. The attention line for the Payroll (P) Type SOI address.

9d. *OTHP Contact Name*. The name of the contact person associated with the entity receiving income withholding notices.

9e. *OTHP Phone*. The phone number of the contact person associated with the entity receiving income withholding notices.

9f. *OTHP Fax*. The fax number associated with the entity receiving income withholding notices.

9g. *OTHP Email*. The email address associated with the contact person or entity receiving income withholding notices.

9h. *OTHP Address*. Modified address at which the SOI receives income withholding notices. A U.S. address must include street address, city, state and ZIP code.

9i. *OTHP AKA*. Modified alternate or "also known as" name of the entity receiving income withholding notices.

9j. *OTHP ATTN*. Modified attention line for the Payroll (P) Type SOI address.

9k. *OTHP Contact Name*. Modified name of the contact person associated with the entity receiving income withholding notices.

9l. *OTHP Phone*. Modified phone number of the contact person associated with the entity receiving income withholding notices.

9m. *OTHP Fax*. Modified fax number associated with the entity receiving income withholding notices.

9n. *OTHP Email*. Modified email address associated with the contact person or entity receiving income withholding notices.

9o. *Additional information*. Additional information regarding the entity receiving income withholding notices.

Section 10. The following information in section 10 refers to a *Modification* request for modification of the Insurance (I) Type SOI address at which the entity receives NMSNs. Fields 10a – 10g must be completed if the information currently exists in MiCSES for the OTHP ID to be modified. Complete the fields requiring changes in 10h – 10n to process a *Modification* request. Field 10o may be completed when necessary.

10a. *OTHP Address*. Address at which the SOI receives NMSNs. A U.S. address must include street address, city, state and ZIP code.

10b. *OTHP AKA*. The alternate or "also known as" name of the entity receiving NMSNs.

10c. *OTHP ATTN*. The attention line for the Insurance (I) Type SOI address.

10d. *OTHP Contact Name*. The name of the contact person associated with the entity receiving NMSNs.

10e. *OTHP Phone*. The phone number of the contact person associated with the entity receiving NMSNs.

10f. *OTHP Fax*. The fax number associated with the entity receiving NMSNs.

10g. *OTHP Email*. The email address associated with the contact person or entity receiving NMSNs.

10h. *OTHP Address*. Modified address at which the SOI receives NMSNs. A U.S. address must include street address, city, state and ZIP code.

3.16E1 (Rev. 05/16)

10i. *OTHP AKA*. Modified alternate or "also known as" name of the entity receiving NMSNs.

10j. *OTHP ATTN*. Modified attention line for the Insurance (I) Type SOI address.

10k. *OTHP Contact Name*. Modified name of the contact person associated with the entity receiving NMSNs.

10l. *OTHP Phone*. Modified phone number of the contact person associated with the entity receiving NMSNs.

10m. *OTHP Fax*. Modified fax number associated with the entity receiving NMSNs.

10n. *OTHP Email*. Modified email address associated with the contact person or entity receiving NMSNs.

10o. *Additional information*. Additional information regarding the entity receiving NMSNs.

Requesters must submit DHS-2011 requests to OCS Central Operations by email or fax. OCS Central Operations prefers to receive DHS-2011 requests via email. If the DHS-2011 is faxed, OCS Central Operations prefers the DHS-2011 to be typed.

1. Email to: mdhhs-ocs-othp@michigan.gov; or
2. Fax to: (517) 335-3030.

Note: IV-D workers must follow security requirements when submitting a DHS-2011.[6]

To assist OCS Central Operations staff with organizing and prioritizing requests, requesters must include in the subject line for email and fax requests:

- The *Name* of the OTHP ID if requesting a *New Entry*;

> **Example 1:** If the IV-D worker is requesting that an employer OTHP record be entered for ABC Daycare, the subject line should read only, "ABC Daycare."

- The *Name* of the OTHP ID to retain if requesting a *Merge*; or

> **Example 2:** If the IV-D worker is requesting that three employer OTHP records be merged into one OTHP record that exists for "Bill's Truckstop," and the three names attached to the merged records are "Bill's Gas and Food Shoppe," "William's Truckstop" and "Bill's Truck and Stop," the subject line should read only, "Bill's Truckstop."

- The *Name* of the current OTHP ID if requesting a *Modification*.

---

[6] Ref: Section 1.10, "Confidentiality/Security," of the *Michigan IV-D Child Support Manual*.

3.16E1 (Rev. 05/16)

> **Example 3:** If the IV-D worker is requesting that the name for the employer OTHP record that currently exists for "JJ Construction" be changed to "JJ Builders, Inc.," the subject line should read only, "JJ Construction."

<u>Note</u>: IV-D workers must not enter information in the body of the fax or email used to submit the request form. IV-D workers must enter all pertinent information in the *Additional information* fields on the request form.

Requesters submitting a request for correction of an OTHP ID address that was downloaded with the incorrect format into MiCSES from Data Warehouse must send an email to mdhhs-ocs-othp@michigan.gov that includes the following information:

- The subject of the email must state: "Data Warehouse address correction";
- The body of the email must include the OTHP ID that is to be corrected; and
- The body of the email must include the correct format of the address.

These requests do not need to be put on the DHS-2011. Users submitting requests from a "michigan.gov" email address may send the email as "high priority."

3.16E1 (Rev. 05/16)

REQUEST FOR NEW ENTRY, MERGE OR MODIFICATION OF OTHER PARTY INFORMATION (OTHP)

1 *Send all completed forms to Office of Child Support (OCS) Central Operations at:* ***Email:*** mdhhs-ocs-othp@michigan.gov *or* ***Fax:*** *517-335-3030.*

Date of Request:	**1a**	Date of Resubmission:	**1e**
Requester Name:	**1b**	County:	**1f**
Phone Number:	**1c** Ext.	Organization Affiliation:	**1g**
Email Address:	**1d**	Mode of Response: ☐ Phone or ☐ Email	**1h**
IV-D Case No.(s):	**1i**		

Action Requested: Send only **one** request per email or fax.

2 ☐ *NEW ENTRY* of an OTHP ID

OTHP Type:	**2a**	Type of OTHP Address:	**2b**
OTHP Name:	**2c**		(For insurers, insert claims address)
OTHP Address:	**2d**		
OTHP FEIN:	**2e**	OTHP Contact Name:	**2f**
OTHP Phone:	**2g** Ext.	OTHP Fax:	**2h**
OTHP Email:	**2i**	OTHP Web Address:	**2j**
OTHP Coverage Types:	**2k**	Attorney Bar Number:	**2l**

For Employer types only: Does the employer offer insurance? **2m** Does the employer have a third-party payroll service? **2n**

Additional information: **2o**

3 ☐ *MODIFICATION* of an OTHP ID

OTHP ID # to Modify:	**3a**	OTHP Type:	**3b**
OTHP FEIN:	**3c**	Type of OTHP Address:	**3d**

Information Regarding the OTHP ID As Currently Entered: (*Complete ALL information regarding requested modification.*)

OTHP Name:	**3e**		
OTHP Address:	**3f**		
OTHP Contact Name:	**3g**		
OTHP Phone:	**3h** Ext.	OTHP Fax:	**3i**
OTHP Email:	**3j**	OTHP Web Address:	**3k**

Information Regarding the Change to the OTHP ID: (*Only changed sections must be completed.*)

OTHP Name:	**3l**		
OTHP Address:	**3m**		
OTHP Contact Name:	**3n**		
OTHP Phone:	**3o** Ext.	OTHP Fax:	**3p**
OTHP Email:	**3q**	OTHP Web Address:	**3r**

For Employer types only: Does the employer offer insurance? **3s** Does the employer have a third-party payroll service? **3t**

Additional information: **3u**

4 ☐ *MERGE* of Multiple Existing OTHP IDs Into One Primary OTHP ID

Information Regarding OTHP ID to Retain:		**OTHP ID # to Retain:**	**4a**
OTHP Type:	**4b**	Type of OTHP Address:	**4c**
OTHP Name:	**4d**		
OTHP Address:	**4e**		
OTHP FEIN:	**4f**	OTHP Contact Name:	**4g**
OTHP Phone:	**4h** Ext.	OTHP Fax:	**4i**
OTHP IDs to Merge:	**4j**		

Additional information: **4k**

5 *REQUIRED:* **This section pertains to the individual at the business/organization who verified the OTHP information, *not* IV-D staff.**

Contact person at OTHP who verified:	**5a**				
Contact's Phone:	**5b** Ext.	Contact's Fax:	**5c**	Date of Verification:	**5d**

Additional information: **5e**

6 *Request Status:* (*TO BE COMPLETED BY OCS CENTRAL OPERATIONS STAFF*)

☐	Rejected **6a**	Date: **6b**	Name:	**6c**
☐	Completed	Comments: **6d**		

3.16E1 (Rev. 05/16)

REQUEST FOR NEW ENTRY, MERGE OR MODIFICATION OF OTHER PARTY INFORMATION (OTHP)

7 ☐ *NEW ENTRY* – **Source of Income (SOI) Address** – **Payroll (P) Type** for Income Withholding Notices

OTHP Address:	**7a**		
OTHP AKA:	**7b**		
OTHP ATTN:	**7c**	OTHP Contact Name:	**7d**
OTHP Phone:	**7e** Ext.	OTHP Fax:	**7f**
OTHP Email:	**7g**		

Additional information: **7h**

---

8 ☐ *NEW ENTRY* – **SOI Address** – **Insurance (I) Type** for National Medical Support Notices

OTHP Address:	**8a**		
OTHP AKA:	**8b**		
OTHP ATTN:	**8c**	OTHP Contact Name:	**8d**
OTHP Phone:	**8e** Ext.	OTHP Fax:	**8f**
OTHP Email:	**8g**		

Additional information: **8h**

---

9 ☐ *MODIFICATION* – **SOI Address** – **Payroll (P) Type** for Income Withholding Notices

Information Regarding the P-Type SOI Address As Currently Entered: (*Complete ALL information regarding requested modification.*)

OTHP Address:	**9a**		
OTHP AKA:	**9b**		
OTHP ATTN:	**9c**		
OTHP Contact Name:	**9d**		
OTHP Phone:	**9e** Ext.	OTHP Fax:	**9f**
OTHP Email:	**9g**		

Information Regarding the Change to the P-Type SOI Address: (*Only changed sections must be completed.*)

OTHP Address:	**9h**		
OTHP AKA:	**9i**		
OTHP ATTN:	**9j**		
OTHP Contact Name:	**9k**		
OTHP Phone:	**9l** Ext.	OTHP Fax:	**9m**
OTHP Email:	**9n**		

Additional information: **9o**

---

10 ☐ *MODIFICATION* – **SOI Address** – **Insurance (I) Type** for National Medical Support Notices

Information Regarding the I-Type SOI Address As Currently Entered: (*Complete ALL information regarding requested modification.*)

OTHP Address:	**10a**		
OTHP AKA:	**10b**		
OTHP ATTN:	**10c**		
OTHP Contact Name:	**10d**		
OTHP Phone:	**10e** Ext.	OTHP Fax:	**10f**
OTHP Email:	**10g**		

Information Regarding the Change to the I-Type SOI Address: (*Only changed sections must be completed.*)

OTHP Address:	**10h**		
OTHP AKA:	**10i**		
OTHP ATTN:	**10j**		
OTHP Contact Name:	**10k**		
OTHP Phone:	**10l** Ext.	OTHP Fax:	**10m**
OTHP Email:	**10n**		

Additional information: **10o**

3.16E1 (Rev. 05/16)